

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

16523 U.S. PTO
120303

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

22154 U.S. PTO
10/726773
120303

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Frank Braymand

For (title): IMPROVED CRASH BOX

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A.** Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

5 Page(s) of Specification
3 Page(s) of Claims
2 Sheet(s) of Drawing(s)--Formal (Figs. 1-4)

- B.** Other Papers Enclosed

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is **mandatory**.)

(Express Mail certification is optional)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date December 3, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL992427168US.

Roni L. MASQUELIER

Type or print name of person mailing paper

Date: 12-03-03

Roni L. Masquelier

Signature of person certifying

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

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2 Page(s) of declaration and power of attorney
 1 Page(s) of abstract
 2 Page(s) of Application Data Sheet

3. Declaration or Oath

Enclosed - Unexecuted.

4. Language

English

5. Assignment

An assignment of the invention to L&L Products, Inc. will follow.

6. Certified Copy

Certified copy of application:

<u>Country</u>	<u>Application Number</u>	<u>Filed</u>
Europe	03077275.0	07/21/2003

from which priority is claimed will follow.

7. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED														
Number Filed				Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00						
Total Claims (37 C.F.R § 1.16(c))				20	–	20	=	0	x	\$	18.00	=	\$	0.00
Independent Claims (37 C.F.R § 1.16(b))				2	–	3	=	0	x	\$	86.00	=	\$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))										\$	280.00		\$	0.00
Filing Fee Calculation											\$770.00			

8. Fee Payment Being Made at This Time

Enclosed

Filing Fee \$770.00

Total Fees Enclosed \$770.00

9. Method of Payment of Fees

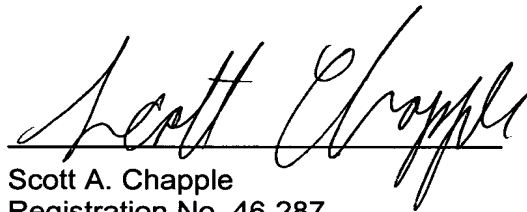
Attached is a check in the amount of \$770.00.

Charge any additional fees required by this paper to deposit account 50-1097.

10. Instructions as to Overpayment

Refund.

Date: 12-2-03



Scott A. Chapple
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248-593-9900
Customer No. 25215